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ABSTRACT

A locally-constructed family planning questionnaire and a series of personality instruments were administered to 100 sexually active, unmarried, undergraduate students (60 females, 40 males). Responses to a question of "whose responsibility is it for using birth control measures" showed that 80% of the women and 83% of the men see that responsibility as being shared equally by both partners. The women, however, assumed significantly more of that responsibility than did the men in the study. Seven of the available personality measures were related to the responsibility for birth control for women, while only one such relationship was significant for the men. An equal sharing of responsibility by the women is related to a set of traits which includes being expedient, self-assured, independent, assertive, well-adjusted, non-neurotic, and venturesome. (Author)

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Responsibility for Birth Control:

Sex Differences and Personality Correlates

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Responsibility for Birth Control:
Sex Differences and Personality Correlates

While it is commonly assumed that sexually active women are more likely than their male partners to assume the responsibility for use of birth control techniques, there have been few empirical investigations of this phenomena. The prevailing logic is that since women "suffer the consequences" of sexual intercourse (i.e., become pregnant), they must therefore be responsible for protecting themselves from these consequences, at least when pregnancy is not desired. This message, either explicitly or implicitly, is presumably imparted to sexually active women by parents, the media, and other sources. The stereotype seems to be that the female is the only member who needs to be involved in the family planning decisions. Indeed there are a number of female-oriented fertility control techniques which can be employed either without the cooperation or knowledge of the male partner.

However, the other "message," possibly also a stereotype, is that sexual intercourse occurs in the context of a relationship between two individuals. This relationship is presumably one in which the two individuals actually are partners, and can undertake family planning decisions as equal partners in the relationship.

I am only aware of one study which has specifically asked women and men about the extent to which they assume the fertility control responsibilities or share them with their partners. Ann Cartwright (1970) asked couples who they thought should be responsible for contraceptive precautions. Her findings were that most mothers (85%) and most fathers (80%) thought that both partners should be

responsible. The 15% of the mothers who did not see this as an equal responsibility were evenly divided between it being the mother's and the father's responsibility. The 20% of the fathers who did not believe it to be an equal responsibility tended to see it as the mother's responsibility (13% versus 7%).

My personal concern with family planning tends to center on adolescent sexual behavior and the family planning decisions of young non-married adults. As a result of these personal interests, the present investigation is concerned with the issue of responsibility for birth control in a group of sexually active, unmarried, college students.

The participants in this study were 100 undergraduate college students (60 females and 40 males) at a state university in Mississippi. The mean age for the participants was 21.46 years. All indicated that they were sexually active and unmarried. Male and female participants were generally quite similar to each other in terms of demographic variables. The males, however, were slightly older than the females (approximately age 22 and 21, respectively).

These individuals were all participants in a larger study, in which they completed a rather extensive battery of personality instruments. That battery contained: Form C of the Sixteen Personality Factor Questionnaire (16PF), Rotter's Internal-External Control Scale, Zuckerman's Sensation-Seeking Scale, an extensive biographical data blank, and several other personality instruments. At the conclusion of that study the first 115 participants were asked to complete a locally-constructed family planning questionnaire; the first 100 individuals meeting the criteria of single, sexually active, and completing all items on the questionnaire were used in these analyses.

SLIDE 1/TABLE 1

The family planning questionnaire was a brief one page instrument which asked questions regarding the birth control techniques which the individuals have used, were currently using, and would consider using. The final question on the instrument, which was used as the criterion variable in this study, asked the participants to indicate "Whose responsibility it is for using birth control measures." The response choices available were "completely my responsibility," "mostly my responsibility," "shared equally by me and my partner," "mostly my partner's responsibility," and "completely my partner's responsibility."

SLIDE 2/TABLE 2

The responses to that question are shown in Table 2, and are quite similar to the results obtained by Cartwright. Eighty percent of the women and 83% of the men indicated that the responsibility is shared equally by both parties. However, unlike Cartwright's findings, none of the women in this sample indicated that the responsibility was up to the men.

By using scale values of 1 thru 5 for these response choices, the male and the female responses to this question were compared with each other. By t test ($t = 3.397$, $df = 98$, $p < .001$), the female respondents assumed significantly more responsibility for use of birth control techniques than did the males. While this difference is quite statistically significant, it is not particularly impressive in view of the similarity in distribution of male and female responses.

SLIDE 3/TABLE 3

In an attempt to determine the extent to which these responses were related to personality variables, individual responses to the "responsibility" question were correlated with available personality trait measures, separately for the men and women in the study. Table 3 shows the correlations with the 16 primary personality traits measured by the 16PF. Four of these measures are significantly related to responsibility for the women, two at $p < .05$ and two at $p < .01$. For the men, only one 16PF primary trait was related to responsibility, and that at the .05 level.

SLIDE 4/TABLE 4

Similar correlational analyses were carried out using four of the 16PF "second stratum" traits (exvia, anxiety, cortical alertness, and independence), and six of the 16PF "criterion scores," or the extent of similarity with identifiable criterion groups, which are identified in Table 4 as: marital stability, psychoticism, neuroticism, leadership, creativity, and scholastic aptitude. Three of these ten "derived" personality measures were related to the responsibility variable for the women (neuroticism, anxiety, and dependence). None of these correlations were significant for the men.

Rotter's measure of "locus of control," surprisingly, was unrelated to responsibility for either the women or the men. Zuckerman's measure of "sensation-seeking" was also unrelated to responsibility.

SLIDE 5/TABLE 5

Based on this correlational data, some tentative descriptions can be advanced for the females in this sample. Using the polar descriptors of the

16PF scales, the polar positions from responsibility question, and the directions of the relationships which are statistically significant, some relative descriptions can be advanced in terms of these extremes. These comparisons between women who assume the responsibility themselves and women who share this responsibility are certainly not as absolute as Table 5 suggests; these are relative comparisons, using the descriptive terms from the 16PF Handbook. Keeping in mind that there is no data to suggest that either group of women are significantly outside the "normal" range of sten values on these traits, the descriptors in this table are relative not absolute. In terms of decreasing orders of the size of the significant correlations, women who do not share the responsibility for birth control use tend to be more conscientious, apprehensive, subdued, humble, anxious, neurotic, and shy, in comparison with women who do share this responsibility. Women who equally share this responsibility with their partners tend to be more expedient, self-assured, independent, assertive, better adjusted, less neurotic, and more venturesome.

Using these same descriptive terms from the 16PF literature, about all that can be said about the males is that assuming the responsibility for birth control techniques is related to one 16PF trait, which is described as "being affected by feelings," emotionally less stable, easily upset, and having a low ego strength. Sharing this responsibility, or giving the responsibility to the partner, is related to "emotional stability," facing reality in a calm manner, maturity, or high ego strength.

In view of this being the only trait significantly related to "responsibility" for the males, and that relationship being only marginally significant, a more meaningful conclusion might be that the assuming or

sharing of responsibility by the males in this sample is relatively independent of personality traits. For the women in the sample, seven of the predictors were related to "responsibility," possibly suggesting that personality traits may be relatively more involved in the women deciding whose responsibility it is for using birth control.

The major conclusion that I am willing to make from this data are that the vast majority of sexually active college students in this sample seem to equally share the responsibility for the use of birth control techniques.

Of course, any conclusions may be limited to the particular subjects in the study or to one geographic area. This data does suggest to me that some prediction of family planning behavior is possible from objective personality assessment techniques, at least for women.

References

Cartwright, A. Parents and Family Planning Services. New York: Atherton, 1970.

Table 1

Whose responsibility is it for using birth control measures:

___ Completely my responsibility

___ Mostly my responsibility

___ Shared equally by me and my partner

___ Mostly my partner's responsibility

___ Completely my partner's responsibility

Table 2

Responsibility for Using Birth Control Measures

Response	Scale Value	Females N=	Females %	Males N=	Males %
"mine"	1	7	11	1	2
"mostly mine"	2	5	9	1	2
"equally"	3	48	80	33	83
"mostly partner's"	4	0	0	4	11
"partner's"	5	0	0	1	2
N =		60		40	
Mean Response		2.65		3.08	
SD		.68		.57	

Table 3

Personality Correlates of Assuming Responsibility

Personality Trait		Females	Males
16PF/A	Outgoing	- .16	- .22
16PF/B	Intelligent	.16	.10
16PF/C	Emotionally Stable	- .11	- .33 *
16PF/E	Assertive	- .28 *	- .06
16PF/F	Happy-Go-Lucky	- .11	- .10
16PF/G	Conscientious	.38 **	.21
16PF/H	Venturesome	- .25 *	- .21
16PF/I	Tender-Minded	- .02	- .06
16PF/L	Suspicious	- .08	.11
16PF/M	Imaginative	.08	.07
16PF/N	Shrewd	.00	.07
16PF/O	Apprehensive	.34 **	.19
16PF/Q1	Experimenting	- .20	.11
16PF/Q2	Self-Sufficient	.06	- .13
16PF/Q3	Controlled	.00	- .22
16PF/Q4	Tense	.24	.16

Table 4

Personality Correlates of Assuming Responsibility

Personality Trait		Females	Males
16PF/MS	Marital Stability	- .04	- .19
16PF/PS	Psychoticism	.21	.25
16PF/NE	Neuroticism	.26 *	.19
16PF/LE	Leadership Index	- .16	- .22
16PF/CR	Creativity	.05	.04
16PF/SA	Scholastic Aptitude	.16	.00
16PF/EX	Extraversion	- .20	- .13
16PF/AN	Anxiety	.27 *	.28
16PF/CO	Cortical Alertness	- .17	- .03
16PF/IN	Independence	- .29 *	- .09
Rotter	Internal/External	.21	.06
SSS	Sensation-Seeking	- .22	.14

Table 5

Descriptions of the Polar Extremes for Females

Women Tending to Assume Responsibility For Birth Control Themselves Appear To Be Relatively....	Women Tending to Share The Responsibility For Birth Control Between Themselves and Their Partners Appear to be Relatively....
Conscientious: Persevering, Staid, Moralistic, Stronger Superego Strength.	Expedient: Disregards Rules, Feels Few Obligations, Weaker Superego Strength.
Apprehensive: Self-Reproaching, Worrying, Troubled, Guilt Prone.	Self-Assured: Confident, Serene, Untroubled Adequacy.
Subdued: Similar to "Field Dependence".	Independent: General Temperamental Independence and Perceptual Independence, High Promethean Will.
Humble: Mild, Accommodating, Conforming, Submissive.	Assertive: Aggressive, Stubborn, Competative, Dominant.
Anxious.	Adjusted.
Neurotic: Similar to Client Groups Scoring High on Neuroticism.	Non-Neurotic: Similar to Individuals Scoring Low on Neuroticism.
Shy: Restrained, Timid, Threat-Sensitive.	Venturesome: Socially Bold, Uninhibited, Spontaneous.